

SAS Outputs

03/29/2016

Output Reports ACS-CP-203 CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT

General Information

Control total report of the quarterly extract files for ACS.

Subsystem:	SAS
Frequency:	quarterly
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	ACS and OnDemand
Program:	SAS Quarterly Claims Extract for ACS (SSQ203)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT (ACS-CP-203)

SSQ203
AS OF: 03/31/2008
RUN DATE: 04/04/08 TIME: 10:14

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

REF
PAC

CATEGORY	TOTAL
[1] UB FACILITY CLAIMS	249,722
[2] 1500 PRACTITIONER CLAIMS	1,944,581
[3] DRUG CLAIMS	1,127,978
[4] CROSSOVER 9A CLAIMS	94,960
[5] CROSSOVER 9B CLAIMS	546,682
[6] ANCILLARY REVENUE CLAIMS	1,923,723
[7] TOTAL COUNTS	5,887,646

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	UB Facility Claims	Calculated	DE0002	
2	1500 Practitioner Claims	Calculated	DE0002	
3	Drug Claims	Calculated	DE0002	
4	Crossover 9A Claims	Calculated	DE0002	
5	Crossover 9B Claims	Calculated	DE0002	
6	Ancillary Revenue Claims	Calculated	DE0002	
7	Total Counts	Calculated	DE0002	

Output Reports ACS-PS-202

PROVIDER QUARTERLY AUDIT

EXTRACT CONTROL REPORT

General Information

PROVIDER QUARTERLY EXTRACT CONTROL TOTAL FOR ACS

Subsystem:	SAS
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	ACS and OnDemand
Program:	SAS Quarterly Provider Extract for ACS (SSQ202)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT (ACS-PS-202)

SSQ202
AS OF: 03/31/2008
RUN DATE: 04/04/08 TIME: 10:14

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

REP
PAGE

CATEGORY	TOTAL
TOTAL PROVIDER COUNT	1,266,897 [1]

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	Total Provider Count	Calculated	DE0002	Provider Total count in the extract
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Output Reports ACS-RS-201 RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT

General Information

Control total report of the quarterly extract file for Vendor ACS Heritage

Subsystem:	SAS
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	ACS and OnDemand
Program:	SAS Quarterly Recipient Extract for ACS (SSQ201)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT (ACS-RS-201)

SSQ201
AS OF: 03/31/2008
RUN DATE: 04/04/08 TIME: 10:14

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

REPO
PAGE

CATEGORY	TOTAL
TOTAL RECIPIENT COUNT	1,266,897 [1]
TOTAL RECORD COUNT	5,478,006 [2]

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Recipient Count	Calculated	DE0002	Total Recipient Count in the Extract file
2	Total Record Count	Calculated	DE0002	Total Record Count in the Extract file

Output Reports CGA-CP-103 CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT

General Information

Control total report of the quarterly claims extract files.

Subsystem:	SAS
Frequency:	Quarterly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	7 Years
Distribution:	On Demand
Program:	SAS Quarterly Claims Extract for Clifton Gunderson (SSQ103)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT (CGA-CP-103)

SSQ103
AS OF: 03/31/2008
RUN DATE: 04/15/2008 TIME: 17:31

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

REF
PAC

CATEGORY	TOTAL CLAIMS	
UB FACILITY CLAIMS	1,999	(1)
1500 PRACTITIONER CLAIMS	2,000	(2)
CROSSOVER 9A CLAIMS	2,000	(3)
CROSSOVER 9B CLAIMS	2,000	(4)
ANCILLARY REVENUE CLAIMS	344	(5)
UB FACILITY ENCOUNTERS	2,000	(6)
1500 PRACTITIONER ENCOUNTERS	2,000	(7)
ANCILLARY REVENUE ENCOUNTERS	80	(8)
TOTAL COUNTS	12,423	(9)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	UB Facility Claims	Calculated	DE0002	
2	1500 Practitioner Claims	Calculated	DE0002	
3	Crossover 9A Claims	Calculated	DE0002	
4	Crossover 9B Claims	Calculated	DE0002	
5	Ancillary Revenue Claims	Calculated	DE0002	
6	UB Facility Encounters	Calculated	DE0002	
7	1500 Practitioner Encounters	Calculated	DE0002	
8	Ancillary Revenue Encounters	Calculated	DE0002	
9	Total Counts	Calculated	DE0002	

Output Reports CGA-PS-102

PROVIDER QUARTERLY AUDIT

EXTRACT CONTROL REPORT FOR

CGA

General Information

Control total report of the quarterly provider extract file for CGA.

Subsystem:	SAS
Frequency:	Quarterly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	7 Years
Distribution:	On Demand
Program:	SAS Quarterly Provider Extract for Clifton Gunderson (SSQ102)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT FOR

CGA (CGA-PS-102)

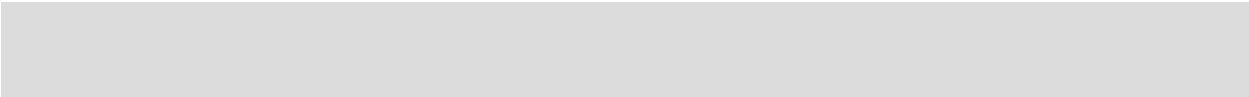
SSQ102
AS OF: 03/31/2008
RUN DATE: 04/15/2008 TIME: 17:09

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

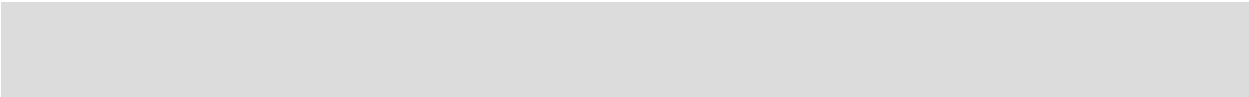
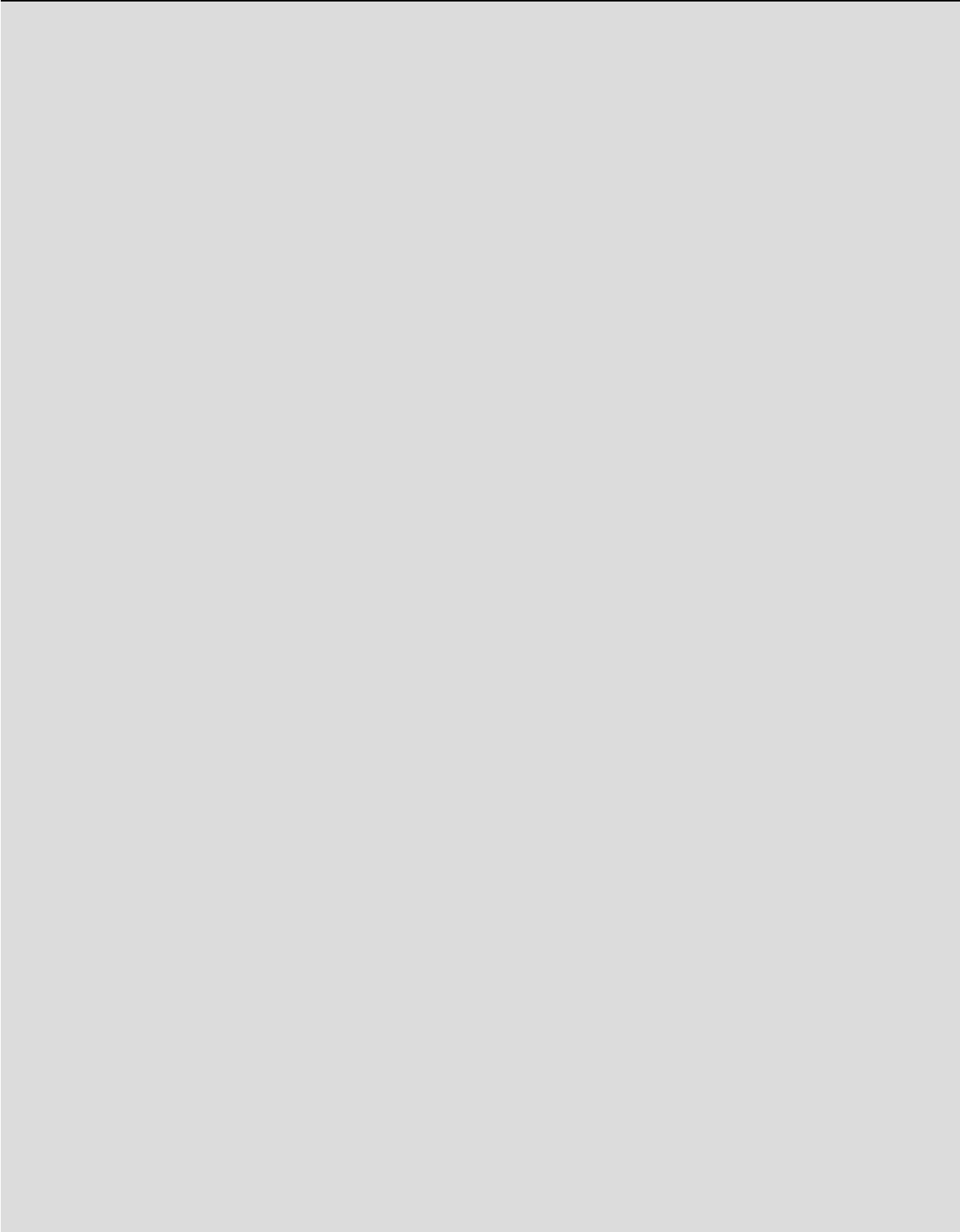
CATEGORY	TOTAL
TOTAL PROVIDER COUNT	2,000 (1)

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations
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			ID	
1	Total Provider Count	Calculated	DE0002	



Output Reports CGA-RS-101

RECIPIENT QUARTERLY AUDIT

EXTRACT CONTROL REPORT

General Information

Control total report of the quarterly extract file.

Subsystem:	SAS
Frequency:	Quarterly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	7 years
Distribution:	OnDemand
Program:	SAS Quarterly Recipient Extract for Clifton Gunderson (SSQ101)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT (CGA-RS-101)

SSQ101
AS OF: 03/31/2008
RUN DATE: 04/15/2008 TIME: 17:23

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

CATEGORY	TOTAL
TOTAL RECIPIENT COUNT	2,000 (1)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Recipient	Calculated	DE0002	Total Recipient Count

Output Reports SS-CP-010-01 SAS CLAIMS LOAD RECONCILIATION REPORT FEE FOR SERVICE CLAIMS

General Information

Monthly claims load reconciliation report for Fee For Service Claims. Totals are presented by Invoice Type and Grand Totals. This report is produced by SAS Program SSM010. Totals on this report should match the total presented on report CP-O-108-01, produced by CPR108.

Subsystem:	SAS
Frequency:	Monthly
Volume:	1 page
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 Years
Distribution:	First DARS
Program:	SAS Library Loader for Claims (SSM010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

**SAS/CLAIMS LOAD RECONCILIATION REPORT - FEE FOR SERVICE
CLAIMS (SS-CP-010-01)**

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS/CLAIMS LOAD RECONCILIATION REPORT
FEE for SERVICE CLAIMS

Approved Originals	Approved Adj./Void	Total Payment	Denied Claims	Pended Claims	Reject Claims
(3) 39 \$987,347.04 (10)	(4) 0 \$0.00 (11)	(5) 39 \$221,793.88 (12)	(6) 14 \$211,889.02 (13)	(7) 0 \$0.00 (14)	(8) 0 \$0.00 (15)
----- 217 \$187,823.73 -----	----- 4 \$792.65 -----	----- 221 \$43,184.61 -----	----- 57 \$67,795.97 -----	----- 0 \$0.00 -----	----- 0 \$0.00 -----
78 \$10,372.05 -----	0 \$0.00 -----	78 \$6,448.37 -----	136 \$10,084.58 -----	0 \$0.00 -----	0 \$0.00 -----
35 \$3,271.10 -----	0 \$0.00 -----	35 \$2,735.77 -----	13 \$3,680.33 -----	0 \$0.00 -----	0 \$0.00 -----
68 \$6,750.18 -----	0 \$0.00 -----	68 \$1,085.55 -----	19 \$1,984.16 -----	0 \$0.00 -----	0 \$0.00 -----
(18) 437 \$1,195,564.10 (24)	(19) 4 \$792.65 (25)	(20) 441 \$275,248.18 (26)	(21) 239 \$295,434.06 (27)	(22) 0 \$0.00 (28)	(23) 0 \$0.00 (29)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Category	Claim Type	DE2002	Category - Invoice Type
2	Total Claims Count	Calculated	DE0002	Total claims by Invoice Type. Count is expected to match the physical observation count on the corresponding SAS Claims File.
3	Approved Originals Count	Calculated	DE0002	Total Approved Originals claims by Invoice Type.
4	Approved Adj./Void Count	Calculated	DE0002	Total Approved Adjust/Void claims by Invoice Type.
5	Total Payment Count	Calculated	DE0002	Total Paid claims by Invoice Type.
6	Denied Claims Count	Calculated	DE0002	Total denied claims by invoice type.
7	Pended Claims Count	Calculated	DE0002	Total Pended claims by Invoice Type. This number is expected to be zero because SAS bypasses the Pended claims.
8	Reject Claims Count	Calculated	DE0002	Total rejected claims by invoice type. This number is expected to be zero because SAS bypasses the rejected claims.
9	(Category - Cover-	Claim Form Type	DE2088	Category - Coverage Code

	age Code)			
10	Approved Originals Dollars	Calculated	DE0002	Total by invoice type of approved original claims dollars.
11	Approved Adj./Void Dollars	Calculated	DE0002	Total by invoice type of approved adj./void claim dollars.
12	Total Payment Dollars	Calculated	DE0002	Total by invoice type of payment claim dollars.
13	Denied Claims Dollars	Calculated	DE0002	Total by invoice type of denied claim dollars.
14	Pended Claims Dollars	Calculated	DE0002	Total by invoice type of pended claim dollars. This field is expected to be zero, as SAS bypasses pended claims.
15	Rejected Claims Dollars	Calculated	DE0002	Total by invoice type of rejected claim dollars. This field is expected to be zero, as SAS bypasses rejected claims.
16	Total Charges Dollars	Calculated	DE0002	Total by invoice type of claim charge dollars. This field should be the sum of columns for Approved Originals and Approved Adj. /Void Dollars.
17	Total Claims Count	Calculated	DE0002	Grand Total of FFS Claims.
18	Approved Originals Count (Grand Total)	Calculated	DE0002	Grand Total of FFS Approved Originals Claims.
19	Approved Adj./Void Count (Grand Total)	Calculated	DE0002	Grand Total Count of FFS Approved Adjusted and Voided Claims.
20	Total Payment Count (Grand Total)	Calculated	DE0002	Grand Total Count of FFS Paid Claims.
21	Denied Claims Count (Grand Total)	Calculated	DE0002	Grand Total Count of FFS Denied Claims.
22	Pended Claims Count (Grand Total)	Calculated	DE0002	Grand Total of FFS Pended Claim Dollars. This field should be zero, as SAS bypasses Pended claims.
23	Rejected Claims Count (Grand Total)	Calculated	DE0002	Grand Total of FFS Rejected Claim Dollars. This field should be zeroes as SAS bypasses Rejected claims.
24	Approved Originals Dollars (Grand Total)	Calculated	DE0002	Grand Total of FFS Approved Original Claim Dollars.
25	Approved	Calculated	DE0002	Grand Total of FFS Approved Adjus-

	Adj./Void Dollars (Grand Total)			ted/Void Claim Dollars.
26	Total Payment Dollars (Grand Total)	Calculated	DE0002	Grand Total of FFS Payment Claim Dollars.
27	Denied Claims Dollars (Grand Total)	Calculated	DE0002	Grand Total of FFS Denied Claim Dollars.
28	Pended Claims Dollars (Grand Total)	Calculated	DE0002	Grand Total of FFS Pended Claim Dollars. This field should be zero, as SAS bypasses Pended claims.
29	Rejected Claims Dollars (Grand Total)	Calculated	DE0002	Grand Total of FFS Rejected Claim Dollars. This field should be zero, as SAS bypasses Rejected claims.
30	Total Charges Dollars (Grand Total)	Calculated	DE0002	Grand Total of Claim Charge Dollars. This field should be the sum of the columns for Approved Original and Approved Adj. /Void Dollars.

Output Reports SS-CP-010-02 SAS CLAIMS LOAD RECONCILIATION REPORT - ENCOUNTER CLAIMS

General Information

Monthly claims load reconciliation report for Encounter Claims. Totals are presented by Invoice Type and Grand Totals. This report is produced by SAS Program SSM010. Totals on this report should match the total presented on CP-O-108-02, produced by CPR108.

Subsystem:	SAS
Frequency:	Monthly
Volume:	1 page
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 Years
Distribution:	First DARS
Program:	SAS Library Loader for Claims (SSM010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS CLAIMS LOAD RECONCILIATION REPORT - ENCOUNTER CLAIMS (SS-CP-010-02)

SSM010
AS OF: 02/16/2008
Run Date: 08/26/2008 Time: 10:46

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS/CLAIMS LOAD RECONCILIATION REPORT
ENCOUNTER CLAIMS

Category	Total Claims	Approved Originals	Approved Adj./Void	Total MCO Payment	Denied Claims	Credit Claims	Total Charges
(1) 01 UB92 (8)	Count Dollars 891	(3) 659 \$19,860,071.52 (9)	(4) 16 \$1,150,881.46 (10)	(5) 891 \$6,043,149.15 (11)	(6) 216 \$9,856,506.97 (12)	(7) 1	\$21,010,952.05 (13)
03 UB92	Count Dollars 8,394	7,212 \$10,303,052.12	185 \$322,054.33	8,394 \$3,067,011.31	997 \$1,439,336.50	14	\$10,625,100.95
05 HCFA	Count Dollars 65,680	54,728 \$8,199,181.88	529 \$22,785.92	65,680 \$3,381,804.64	10,423 \$1,316,707.87	34	\$8,221,967.27
06 DRUG	Count Dollars 72,241	72,241 \$6,196,642.69	0 \$0.00	72,241 \$4,204,485.43	0 \$0.00	0	\$6,196,642.69
08 HCFA	Count Dollars 5,002	3,942 \$189,982.22	0 \$0.00	5,002 \$30,465.34	1,060 \$45,638.41	0	\$189,982.22
11 ADA	Count Dollars 37,773	35,400 \$3,002,218.18	73 \$12,018.71	37,773 \$2,131,019.28	2,300 \$208,882.88	6	\$3,014,236.95
13 HCFA	Count Dollars 2,518	2,399 \$172,807.65	2 \$356.00	2,518 \$105,945.24	117 \$20,586.70	0	\$173,163.65
	Count Dollars 192,499	(14) 176,581 \$47,923,956.26 (20)	(15) 805 \$1,508,096.42 (21)	(17) 192,499 \$18,953,880.39 (22)	(18) 15,113 \$12,887,659.33 (23)	(19) 55	\$49,432,052.05 (24)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Category	Claim Type	DE2002	Category - Invoice Type.
2	Total Claims Count	Calculated	DE0002	Claims count by Invoice Type for Encounter Claims.
3	Approved Originals Count	Calculated	DE0002	Totals by invoice type for the number of approved original claims.
4	Approved Adj./Void Count	Calculated	DE0002	Totals by invoice type for the number of adjusted or voided claims.
5	Total MCO Payment Count	Calculated	DE0002	Totals by invoice type MCO paid claims. This should match the total count for Total Encounter Claims.
6	Denied Claims Count	Calculated	DE0002	Totals by invoice type for denied claims.
7	Credit Claims Count	Calculated	DE0002	Totals by Invoice Type Credit Claims.
8	(Category - Coverage Code)	Claim Form Type	DE2088	Category - Coverage Code
9	Approved Originals Dollars	Calculated	DE0002	Approved Original Covered Dollar Total by Invoice Type.
10	Approved Adj./Void Dollars	Calculated	DE0002	Approved Adjusted/Void Covered Dollar Total.
11	Total MCO Payment Dollars	Calculated	DE0002	MCO Paid Dollar Total by Invoice Type.

12	Denied Claims Dollars	Calculated	DE0002	Denied Claims Dollar Total by Invoice Type.
13	Total Charges Dollars	Calculated	DE0002	Total Dollars Charged by Invoice Type. Sum of the Approved Originals and the Approved Adj. /Voids.
14	Total Claims Count (Grand Total)	Calculated	DE0002	Grand Total Encounter Claim Count.
15	Approved Originals Count (Grand Total)	Calculated	DE0002	Grand Total Encounter Approved Original Claim Count.
16	Approved Adj./Void Count (Grand Total)	Calculated	DE0002	Grand Total Encounter Approved Adj. /Voids Claim Count.
17	Total MCO Payment Count (Grand Total)	Calculated	DE0002	Grand Total Encounter MCO Paid Claim Count.
18	Denied Claims Count (Grand Total)	Calculated	DE0002	Grand Total Encounter Denied Claim Count.
19	Credit Claims Count (Grand Total)	Calculated	DE0002	Grand Total Encounter Credit Claim Count.
20	Approved Originals Dollars (Grand Total)	Calculated	DE0002	Grand Total Encounter Approved Original Claim Dollars.
21	Approved Adj./Void Dollars (Grand Total)	Calculated	DE0002	Grand Total Encounter Approved Adj. /Void Claim Dollars.
22	Total MCO Payment Dollars (Grand Total)	Calculated	DE0002	Grand Total Encounter MCO Paid Claim Dollars.
23	Denied Claims Dollars (Grand Total)	Calculated	DE0002	Grand Total Encounter Denied Claim Covered Dollars.
24	Total Charges Dollars (Grand Total)	Calculated	DE0002	Grand Total Encounter Charge Claim Dollars. Sum of Approved Original and Approved Adj. /Void Covered Dollars.

Output Reports SS-CP-DHHS03

CLAIMS QUARTERLY AUDIT

EXTRACT CONTROL REPORT

General Information

This is the control report for the quarterly Claims file extract for DHHS OIG.

Subsystem:	SAS
Frequency:	Quarterly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	7 years
Distribution:	On Demand
Program:	SAS Quarterly Claims Extract for DHHS OIG (SSQ303)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT (SS-CP-DHHS03)

SSQ303

AS OF: 05/31/2008

RUN DATE: 06/06/08 TIME: 10:14

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

CLAIMS QUARTERLY AUDIT EXTRACT CONTROL REPORT

FOR 2008 QUARTER 1

REPORT NO: SS-CP-DHHS03

PAGE NUMBER: 1

CATEGORY	TOTAL CLAIMS	TOTAL AMOUNT PAID	TOTAL RECORD COUNT
--APPROVED UB CLAIMS--			
CT 01 UB INPATIENT PAID	(1) 9,999	(2) \$99,999,999.00	
CT 02 UB-Nursing Home (SNF) PAID	(3) 9,999	(4) \$99,999,999.00	
CT 03 UB-Hospital Outpatient/Home Health PAID	(5) 9,999	(6) \$99,999,999.00	
CT 09A UB-XOV -Title-18	(7) 9,999	(8) \$99,999,999.00	
CT 10 UB-Intermediate Care (ICF)	(9) 9,999	(10) \$99,999,999.00	
TOTAL UB CLAIMS APPROVED	(11) 9,999	(12) \$99,999,999.00	
--DENIED UB CLAIMS--			
CT 01 UB INPATIENT	(13) 9,999		
CT 02 UB-Nursing Home (SNF)	(14) 9,999		
CT 03 UB-Hospital Outpatient/Home Health	(15) 9,999		
CT 09A UB-XOV -Title-18	(16) 9,999		
CT 10 UB-Intermediate Care (ICF)	(17) 9,999		
TOTAL UB CLAIMS DENIED	(18) 9,999		
--APPROVED 1500 PROFESSIONAL CLAIMS--			
CT 04 1500-Personal Care	(19) 9,999	(20) \$99,999,999.00	
CT 05 1500-Practitioner	(21) 9,999	(22) \$99,999,999.00	
CT 08 1500-LAB & XRAY	(23) 9,999	(24) \$99,999,999.00	
CT 09B 1500-XOV -Title-18	(25) 9,999	(26) \$99,999,999.00	
CT 11 1500-ADA-Dental	(27) 9,999	(28) \$99,999,999.00	
TOTAL 1500 CLAIMS PAID	(29) 9,999	(30) \$99,999,999.00	
--DENIED 1500 PROFESSIONAL CLAIMS--			
CT 04 1500-Personal Care	(31) 9,999		
CT 05 1500-Practitioner	(32) 9,999		
CT 08 1500-LAB & XRAY	(33) 9,999		
CT 09B 1500-XOV -Title-18	(34) 9,999		
CT 11 1500-ADA-Dental	(35) 9,999		
TOTAL 1500 CLAIMS DENIED	(36) 99,999		
--APPROVED DRUG CLAIMS--			
CT 06 DRUG	(37) 9,999	(38) \$99,999,999.00	(39) 9,999
--DENIED DRUG CLAIMS--			
CT 06 DRUG	(40) 9,999		(41) 9,999
--APPROVED ANCILLARY REVENUE CLAIMS--	(42) 9,999		(43) 9,999
--DENIED ANCILLARY REVENUE CLAIMS--	(44) 9,999		(45) 9,999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CT 01 UB INPATIENT TOTAL CLAIMS	Calculated	DE0002	

2	CT 01 UB INPATIENT TOTAL AMOUNT PAID	Calculated	DE0002	
3	CT 02 UB-Nursing Home (SNF) TOTAL CLAIMS	Calculated	DE0002	
4	CT 02 UB-Nursing Home (SNF) TOTAL AMOUNT PAID	Calculated	DE0002	
5	CT 03 UB-Hospital Outpatient/Home Health TOTAL CLAIMS	Calculated	DE0002	
6	CT 03 UB-Hospital Outpatient/Home Health TOTAL AMOUNT PAID	Calculated	DE0002	
7	CT 09A UB-XOV - Title-18 TOTAL CLAIMS	Calculated	DE0002	
8	CT 09A UB-XOV - Title-18 TOTAL AMOUNT PAID	Calculated	DE0002	
9	CT 10 UB-Inter- mediate Care (ICF) TOTAL CLAIMS	Calculated	DE0002	
10	CT 10 UB-Inter- mediate Care (ICF) TOTAL AMOUNT PAID	Calculated	DE0002	
11	TOTAL UB CLAIMS APPROVED TOTAL CLAIMS	Calculated	DE0002	
12	TOTAL UB CLAIMS APPROVED TOTAL AMOUNT PAID	Calculated	DE0002	
13	CT 01 UB INPATIENT	Calculated	DE0002	

	DENIED TOTAL CLAIMS			
14	CT 02 UB-Nursing Home (SNF) DENIED TOTAL CLAIMS	Calculated	DE0002	
15	CT 03 UB-Hospital Outpatient/Home Health DENIED TOTAL CLAIMS	Calculated	DE0002	
16	CT 09A UB-XOV-Title-18 DENIED TOTAL CLAIMS	Calculated	DE0002	
17	CT 10 UB-Intermediate Care (ICF) DENIED TOTAL CLAIMS	Calculated	DE0002	
18	TOTAL UB CLAIMS DENIED	Calculated	DE0002	
19	CT 04 1500-Personal Care TOTAL CLAIMS	Calculated	DE0002	
20	CT 04 1500-Personal Care TOTAL AMOUNT PAID	Calculated	DE0002	
21	CT 05 1500-Practitioner TOTAL CLAIMS	Calculated	DE0002	
22	CT 05 1500-Practitioner TOTAL AMOUNT PAID	Calculated	DE0002	
23	CT 08 1500-LAB & XRAY TOTAL CLAIMS	Calculated	DE0002	
24	CT 08 1500-LAB & XRAY TOTAL AMOUNT PAID	Calculated	DE0002	
25	CT 09B 1500-XOV-Title-18 TOTAL CLAIMS	Calculated	DE0002	
26	CT 09B 1500-XOV-Title-18 TOTAL AMOUNT PAID	Calculated	DE0002	
27	CT 11 1500-ADA-	Calculated	DE0002	

	Dental TOTAL CLAIMS			
28	CT 11 1500-ADA-Dental TOTAL AMOUNT PAID	Calculated	DE0002	
29	TOTAL 1500 CLAIMS PAID TOTAL CLAIMS	Calculated	DE0002	
30	TOTAL 1500 CLAIMS PAID TOTAL AMOUNT PAID	Calculated	DE0002	
31	CT 04 1500-Personal Care DENIED TOTAL CLAIMS	Calculated	DE0002	
32	CT 05 1500-Practitioner DENIED TOTAL CLAIMS	Calculated	DE0002	
33	CT 08 1500-LAB & XRAY DENIED TOTAL CLAIMS	Calculated	DE0002	
34	CT 09B 1500-XOV-Title-18 DENIED TOTAL CLAIMS	Calculated	DE0002	
35	CT 11 1500-ADA-Dental DENIED TOTAL CLAIMS	Calculated	DE0002	
36	TOTAL 1500 CLAIMS DENIED TOTAL CLAIMS	Calculated	DE0002	
37	CT 06 DRUG TOTAL CLAIMS	Calculated	DE0002	
38	CT 06 DRUG TOTAL AMOUNT PAID	Calculated	DE0002	
39	CT 06 DRUG TOTAL RECORD COUNT	Calculated	DE0002	
40	CT 06 DRUG DENIED TOTAL CLAIMS	Calculated	DE0002	
41	CT 06 DRUG DENIED TOTAL	Calculated	DE0002	

	RECORD COUNT			
42	APPROVED ANCILLARY REVENUE TOTAL CLAIMS	Calculated	DE0002	
43	APPROVED ANCILLARY REVENUE CLAIMS TOTAL RECORD COUNT	Calculated	DE0002	
44	DENIED ANCILLARY REVENUE TOTAL CLAIMS	Calculated	DE0002	
45	DENIED ANCILLARY REVENUE CLAIMS TOTAL RECORD COUNT	Calculated	DE0002	

Output Reports SS-O-TEST1 SAS EXAMPLE TEST Detail Upload Auto- mation Output File 1

General Information

TEST Detail Upload Automation Output File 1

Subsystem:	SAS
Frequency:	Daily
Volume:	Low
Number of Copies:	2
Output Form:	Causal
Retention:	Forever
Distribution:	VaMMIS Team
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS EXAMPLE TEST Detail Upload Automation Output File 1 (SS-O-TEST1)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
N/A				

Output Reports SS-PS-DHHS02 PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT

General Information

This is the control report for the full file extract for DHHS OIG.

Subsystem:	SAS
Frequency:	Quarterly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	7 Years
Distribution:	On Demand
Program:	SAS Quarterly Provider Extract for DHHS OIG (SSQ302)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT (SS-PS-DHHS02)

SSQ302
AS OF: 05/31/2008
RUN DATE: 06/09/08 TIME: 10:14

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

REPO

CATEGORY	TOTAL
TOTAL PROVIDER COUNT	999,999 (1)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	Total Provider Count	Calculated	DE0002	
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Output Reports SS-RS-DHHS01

RECIPIENT QUARTERLY AUDIT

EXTRACT CONTROL REPORT

General Information

This is the control report for the extract for DHHS OIG.

Subsystem:	SAS
Frequency:	Quarterly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	7 years
Distribution:	On Demand
Program:	SAS Quarterly Recipient Extract for DHHS OIG (SSQ301)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT (SS-RS-DHHS01)

SSQ301
AS OF: 03/31/2008
RUN DATE: 09/09/08 TIME: 10:14

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
RECIPIENT QUARTERLY AUDIT EXTRACT CONTROL REPORT
FOR 2008 QUARTER 1

REPORT
PAGE

CATEGORY	TOTAL
TOTAL RECIPIENT COUNT	(1) 9,999,999
TOTAL BENEFIT PLAN RECORD COUNT	(2) 9,999,999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Recipient Count	Calculated	DE0002	
2	Total Benefit Plan Record Count	Calculated	DE0002	